10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

JAN 2 2 2008 asw an 22 2008 MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION AND

			FINANCIAL AFFIDAVIT			
Te	rell	Jones				
	Plaint	tiff				
	٧.		08CV	161		
				=		
_				E HART		
Dr.	Carle	os A/+eZ endant(s)	MAG.	JUDGE BROWN		
	Defe	endant(s)				
		woodor Gordinez	· 	<u></u>		
		included, please place an X in				
		on than the space that is provid		e pages that refer to each such	question number and	
		ditional information. Please P - Jone S	KINT: declare the	at I am the Minigintiff □t	setitioner Omovant	
, <u>//</u> other		<i></i>) in the above-e	, decime un ntitled case. This af	at I am the ⊠plaintiff □p fidavit constitutes my appli	cation A to proceed	
		repayment of fees, or 🗖 in s	upport of my motion	n for appointment of cours	el. or Miboth. I also	
		am unable to pay the costs				
		t/petition/motion/appeal. Ir				
		estions under penalty of peri				
		<u>-</u>				
١.	Are y	ou currently incarcerated?	Æ (Yes	□No (If "No," go t	o Question 2)	
	I.D. #	20070057770 ou receive any payment from	Name of prison or	jail: <u>Cook Count</u> g	1 Jail	
	Do yo	ou receive any payment fror	n the institution? \square	Yes DXNo Monthly am	iount:	
2.	-	ou currently employed?	□Yes	⊠ No		
		hly salary or wages:				
	Name	e and address of employer: _				
		16 the energy is "No?"				
	a.	If the answer is "No":	-0 12 61 W/a	- 1		
		Date of last employment: Monthly salary or wages		70 j		
		Name and address of last		i no. 1 07 Chicago Police au	62 02 mg/	
		Name and address of las	70/ N. 301	mento Chapath le	0624	
				7	•	
	b.	Are you married?	□Yes	X No		
e.		Spouse's monthly salary				
*	•	Name and address of emp	oloyer:			
		-				
3.		t from your income stated ab				
		yone else living at the sam				
	sourc	es? Mark an X in either "Ye	es" or "No", and the	en check all boxes that app	ly in each category.	
		0.1			ands v	
	a. Amor	Salary or wages	Pagaived by	□Ye	s ⊠ No	
	() 137 /21	11777	troops and by			

	☐ Business, ☐ profe	ession or 🗆 other self-employment Received by	□Yes	12 1/10
c. Amo	□ Rent payments, □	l interest or □ dividends Received by	□Yes	□No
d. Amo	compensation, 🗆 und	al security, ロ annuities, ロ life insura employment, 風welfare, ロ alimony or o Received by <u>白いれ やい</u> に	maintenance or □ c ⊠ Yes	hild support □No
e.	☐ Gifts or ☐ inherit		□Yes	Ø(No
f.	□Any other sources	(state source:Received by	_) □Yes	[23] No
savi	ings accounts?	ng at the same residence have more that □Yes X No Tot Relationship to yo	al amount:	-100 ·
fina	incial instruments?	ing at the same residence own any sto Current Value: Relationship to yo	□Yes	ØNo.
con	dominiums, cooperative	ring at the same residence own any res, two-flats, three-flats, etc.)?	□Yes)⊠ (No
	oe of property: whose name held:	Current value: Relationship to you	·	
Am	ount of monthly mortgas	ments:		
Am Nai	ount of monthly mortga me of person making pay you or anyone else livi		mobiles, boats, tra	ilers, mobile
Am Nar Do hor	nount of monthly mortgapene of person making pay you or anyone else livines or other items of per	ments: ng at the same residence own any auto	mobiles, boats, tra alue of more than \$ □Yes	ilers, mobile \$1000? BNo

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: $\frac{1}{2} - \frac{1}{6} = 0$

Terrell Lines
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein, Tevre	ell Jones , I.D.#7-0057770, has the sum
1	(name of institution) CLDOC / chgo.
I further certify that the applicant has the following	ng securities to his/her credit: Zero . I further
certify that during the past six months the applic	ant's average monthly deposit was \$ 14.16
(Add all deposits from all sources and then divid	e by number of months).
6 December 2007	SIGNATURE OF AUTHORIZED OFFICER
·	(Print name)



Managed Services Managed Better.

TRANSACTION REPORT Print Date: 12/06/2007

Inmate Name: JONES, TERRELL

Balance:

\$0.14

Inmate Number: 20070057770 4/6/1978 Inmate DOB:

Stamp	Transaction	Amount	Balance
12/04/2007	ORDER DEBIT	-22.71	0,14
11/23/2007	CREDIT	✓ 20.00	22.85
11/06/2007	ORDER DEBIT	-17.25	2.85
10/31/2007	CREDIT	√ 20.00	20.10
10/03/2007	ORDER DEBIT	-29.98	0.10
09/19/2007	CREDIT	√ 25.00	30.08
09/19/2007	ORDER DEBIT	-12.56	5.08
09/07/2007	RETURN CREDIT	17.59	17.64
09/05/2007	ORDER DEBIT	-2.36	0.05
08/29/2007	ORDER DEBIT	-17.59	2.41
08/21/2007	CREDIT	√ 20.00	20.00

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